


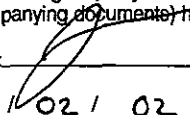
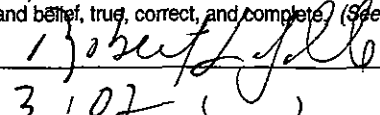
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 049-498	2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name JAMES Last Name ROBINSON P.O. Box • Building and Room Number (if any) Number and Street 9201 4TH AVENUE City BROOKLYN State ZIP Code + 4 NY 11209 -
4. AFFILIATION OR ORGANIZATION NAME PRODUCTION SERVICE + SALES DISTRICT COUNCIL				
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 300-S		
7. UNIT NAME (if any) UECW AFL-CIO				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number	PRODUCTION SERVICE + SALES DISTRICT COUNCIL HEALTH FUND #11-188915			
11	PRODUCTION SERVICE + SALES DISTRICT COUNCIL PENSION FUND #11-2006994			
14	ABE STEINBERG C.P.A. 50 MERRICK ROAD ROCKVILLE CENTRE N.Y. 11570			
24	WITHDRAWAL LIABILITY UNDER ERISA \$49,341 PAYMENTS OF \$1,769 QUARTERLY			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED:  03 1021 02 () - Date Telephone Number		PRESIDENT (If other title, see instructions.)		77. SIGNED:  31 3102 () - Date Telephone Number
		SECRETARY (If other title, see instructions.)		

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes

No

X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

X

12. Have a political action committee (PAC) fund?

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

X

15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

X

17. Liquidate or reduce any liabilities without disbursement of cash?

X

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1612

19. What is the date of your organization's next regular election of officers? MO YEAR 17 2003

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 35000

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

(a) Regular Dues/Fees	\$ 18-25 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 50.-
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

X

24. Did your organization have any contingent liabilities at the end of the reporting period?

X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 049-498

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash		22 417	16 427
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	305	272
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		22 722	16 699
LIABILITIES	33. Accounts Payable		0	0
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	7 595	8 113
	37. TOTAL LIABILITIES		7 595	8 113
	38. NET ASSETS (Item 32 less Item 37)		15 127	8 586

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 049-498

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			435320	56. To Officers	9		125904
40. Per Capita Tax			0	57. To Employees	10		0
41. Fees			0	58. Per Capita Tax			177824
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		12526
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			9108
46. Interest			0	63. Benefits	11		29655
47. Dividends			0	64. Contributions, Gifts & Grants	12		0
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			12710
50. Loans Obtained	8		0	67. Withholding Taxes			47495
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		0
52. On Behalf of Affiliates for Transmittal to Them			12883	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		99	71. To Affiliates of Funds Collected on Their Behalf			12835
				72. On Behalf of Individual Members...			0
				73. Other Disbursements	15		26235
55. TOTAL RECEIPTS			448302	74. TOTAL DISBURSEMENTS			454292

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 049-498

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ↑ Item 27 ↑ Item 69 ↑ Item 51 ↑ Item 75 ↑ Item 27 <div style="display: flex; justify-content: space-between; width: 100%;"> Column (A) with Explanation Column (B) </div>					

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 049-498

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. UFCW PENSION PLAN	6112
2. PAYROLL TAXES	2001
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	8113
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 049-498

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	324	52	272	272
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			272	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 049-498

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	0
Enter the Total from Line 8 in Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in Item 34 Item 50 Item 70 Item 75 Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 049-498

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*						
1. ROBINSON JAMES Title PRESIDENT Status C			108864	0	1893	0	110757
2. LA SALLE ROBERT Title SECY TREASURER Status N			60700	0	2413	0	63113
3. TORRES NYDIA Title VICE PRESIDENT Status C			0	0	0	0	0
4. CORDERO GLADYS Title RECORDING SECY Status N			0	0	0	0	0
5. EISS FREDRIC Title SECRETARY TREAS Status P			0	0	0	0	0
6. JONES REGINAL Title TRUSTEE Status N			0	0	0	0	0
7. VERA FRED Title RECORDING SECY. Status P			0	0	0	0	0
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			169564	0	4306	0	173870
Enter the Total from Line 11 in Item 56 ⇨					10. Less Deductions 47966		
					11. Net Disbursements 125904		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 049-498

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Last Name First Name Position Name of Affiliated Organization						
2. Last Name First Name Position Name of Affiliated Organization						
3. Last Name First Name Position Name of Affiliated Organization						
4. Last Name First Name Position Name of Affiliated Organization						
5. Last Name First Name Position Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7						
				9. Less Deductions		
Enter the Total from Line 10 in				Item 57 ⇒	10. Net Disbursements	

SCHEDULE 11 — BENEFITS

FILE NUMBER: 049-498

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION BENEFITS	PSSDC PENSION FUND	9051
2. GROUP LIFE INSURANCE	NO. AMERICAN BENEFITS	389
3. MEDICAL INSURANCE	BLUE CROSS/BLUE ST, HORIZON	16126
4. PRESCRIPTION PLAN	GEN. PRESCRIPTION SVCE	2583
5. Total from additional pages (if any)		1506
6. Total of Lines 1 through 5		29655
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)	
1.		
2.		
3.		
4.		
5.		
6.		
7. Total from additional pages (if any)		
8. Total of Lines 1 through 7		
Enter the Total from Line 8 in		↑ Item 64

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)	
1. RENT	5720	
2. TELEPHONE	3949	
3. STAMP, POSTAGE	2857	
4.		
5.		
6.		
7. Total from additional pages (if any)		
8. Total of Lines 1 through 7	12526	
Enter the Total from Line 8 in		↑ Item 60

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. BANK CHARGES REFUND	99
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	99
Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. SERVICES RENDERED	20561
2. DUES REFUND	6
3. BK CHARGES INTEREST	108
4. CONDOLENCE - FLOWERS	149
5. XMAS EXPENSE	4686
6. WITHDRAWAL LIAB - EXCISE TAX	725
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	26235
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME: LOCAL 300-S PSSDC

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2001

FILE NUMBER: 049-498

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: <u>VENTURA</u> First Name: <u>JESUS</u> Title: <u>TRUSTEE</u> Status: <u>P</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals						

ORGANIZATION NAME: LOCAL 300-S PSSDC

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2001

FILE NUMBER: 049-498

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Totals						

SCHEDULE 11 — BENEFITS

FILE NUMBER: 049-498

Description (A)	To Whom Paid (B)	Amount (C)
1. OPTICAL BENEFITS	MEMBERS	856
2. DISABILITY BENEFITS	MEMBERS	650
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1506
Enter the Total from Line 6		Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	00
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in  Item 73	